



HAWAII STATE ETHICS COMMISSION
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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
TAKITANI	ANTHONY	P.	(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. CHURCH STREET, SUITE 409			(808) 244-4021
(City)	(State)	(Zip Code)	
WAILUKU, MAUI	HAWAII	96793-1608	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TAKITANI & AGARAN, Law Corporations			(808) 242-4049
MAILING ADDRESS (Street)			FAX
24 N. CHURCH STREET, SUITE 409			(808) 244-4021
(City)	(State)	(Zip Code)	
WAILUKU, MAUI	HAWAII	96793-1608	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CLINICAL LABORATORIES OF HAWAII, LLP		(808) 680-7999
MAILING ADDRESS (Street)		FAX
91-2135 Fort Weaver Road #300		(808) 680-7990
(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
FRANCIS U. IMADA		(808) 680-7234
MAILING ADDRESS (Street)		FAX
91-2135 Fort Weaver Road #300		(808)
(City)	(State)	(Zip Code)
Ewa Beach	Hawaii	96706

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-19-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MOON S. PARK, President of Partner CLH, INC.

NAME OF ORGANIZATION (if applicable)

CLINICAL LABORATORIES OF HAWAII, LLP

TELEPHONE

(808) 680-7999

MAILING ADDRESS (Street)

91-2135 Fort Weaver Road #300

FAX

(808) 680-7990

(City)

Ewa Beach

(State)

Hawaii

(Zip Code)

96706

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-20-07

(Date)